Aqueous Film-Forming Foam (AFFF) Products Liability Litigation (MDL 2873)
Supplemental Claims Form

CLAIM SUBMISSION DEADLINE: 12/31/2030

INSTRUCTIONS

All capitalized terms not otherwise defined herein shall have the meanings set forth in the Settlement Agreement, available for review at www.PFASWaterSettlement.com

Please follow the instructions below to submit a Supplemental claim for the AFFF Products Liability Litigation Settlement Program. A completed copy of this Claims Form must be submitted no later than December 31, 2030. Late Claims Forms will not be considered.

A PWS should ONLY complete this Supplemental Claims Form for Water Sources that meet one or more of the following criteria: (i) Water Sources that were reported to have no Measurable Concentration (any level) of PFAS as of July 31, 2026 and because of later PFAS testing obtained a Qualifying Test Result showing a Measurable Concentration of PFAS; (ii) Water Sources with a positive PFAS detection as of July 31, 2026 that did not exceed an applicable State MCL or the Federal PFAS MCLs at the time the PWS submitted its Claims Form but later exceeded the Federal PFAS MCLs or an applicable State MCL, whether due to new test results or a change in the applicable MCLs.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED INFORMATION BELOW AND YOU MUST SIGN THIS CLAIMS FORM. THIS CLAIMS FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT **www.PFASWaterSettlement.com**.

For the Claims Form to be valid, Claimants must provide ALL information requested concerning the Public Water System (PWS) and its groundwater wells and/or surface water systems ("Water Source").

Baseline Testing: If a Water Source was tested only prior to January 1, 2019, and its test results do not show a Measurable Concentration (any level) of PFAS, that Water Source must be retested to meet Baseline Testing requirements. If a Water Source was tested on January 1, 2019, or later, and its test results do not show a Measurable Concentration of PFAS, no further testing of that Water Source is required. Test results may be submitted from untreated (raw) or treated (finished) water samples. However, all samples must be drawn from a Water Source that has been used to provide Drinking

AFFF Public Water System Claims
PO Box 4466
Baton Rouge, LA 70821

SECTION 1. PUBLIC WATER SYSTEM (PWS) INFORMATION

SECTION 1.1 PWS GENERAL INFORMATION

Public Water System (PWS) Name			
PWS Identification Number (PWSID)		Employer Identification Number	__ __ - __ __ __ __ __ __ __

SECTION 2. WATER SOURCE INFORMATION

Please complete and submit information from Section 4 for EACH Water Source. See "Addendum X" to provide information for each additional Water Source.

Note : Groundwater wells should report flow rates from the groundwater well. Surface water systems should report the flow rate of the water that enters the treatment plant.

Name or description of the Water Source. *Note : This is the name or unique identifier listed on the testing laboratory chain of custody document.*	
Is this a groundwater well or surface water system? **Please enter "Groundwater well" or "Surface water system."* *Note : Please enter "Surface water system" if a treatment plant is blending groundwater and surface water before treatment. Both systems are considered a surface water system.*	

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SECTION 3. PFAS TESTING RESULTS

PFOA CONTAMINATION TESTING

Please enter the below information to indicate **PFOA** Qualifying Test Results.

See Addendum X to provide information for each additional Water Source.

Highest historical PFOA concentration in lab-issued documentation:			
Date of sampling:			
Highest historical PFOA concentration converted to parts per trillion (PPT):			_____ PPT
Name of laboratory that performed the analysis:			
Facility address of laboratory that performed the analysis:	Street/PO Box		
	City	State	Zip
What state or federal agency approved analytical method was used to measure the PFAS concentrations of the Impacted Water Source (e.g., EPA Method 537.1, EPA Method 533)?			

PFOS CONTAMINATION TESTING

Please enter the below information to indicate **PFOS** Qualifying Test Results.

See Addendum X to provide information for each additional Water Source.

Highest historical PFOS concentration in lab-issued documentation:			
Date of sampling:			
Highest historical PFOS concentration converted to parts per trillion (PPT):			_____ PPT
Name of laboratory that performed the analysis:			
Facility address of laboratory that performed the analysis:	Street/PO Box		
	City	State	Zip
What state or federal agency approved analytical method was used to measure the PFAS concentrations of the Impacted Water Source (e.g., EPA Method 537.1, EPA Method 533)?			

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OTHER PFAS CONTAMINATION TESTING

Please enter the below information to indicate **other PFAS analyte** Qualifying Testing Results.

See Addendum X to provide information for each additional Water Source.

Highest historical concentration of **one** other PFAS analyte in lab-issued documentation:			
Date of sampling:			
Highest historical concentration of one other PFAS analyte concentration converted to parts per trillion (PPT):			_____ PPT
Name of laboratory that performed the analysis:			
Facility address of laboratory that performed the analysis:	Street/PO Box		
	City	State	Zip
What state or federal agency approved analytical method was used to measure the PFAS concentrations of the Impacted Water Source (e.g., EPA Method 537.1, EPA Method 533)?			

SECTION 4. CERTIFICATION AND SIGNATURE

By signing this Claims Form, Authorized Representative represents and warrants the following on behalf of the Settlement Class Member:

· The Authorized Representative has authority to submit a claim and to release all Released Claims on behalf of the Settlement Class Member and all other Persons who are Releasing Persons by virtue of their relationship or association with the Settlement Class Member.

· The Settlement Class Member has tested each of its Water Sources for PFAS.

· The Settlement Class Member authorizes the Claims Administrator and/or Special Master to provide all Claims Form information, including PFAS test result details, to the relevant Parties as required by the terms of the Settlement Agreement.

· The Settlement Class Member has consulted with any other entity that has incurred costs in connection with efforts to remove PFAS from, or prevent PFAS from entering, Settlement Class Member's Public Water System, and that Settlement Class Member's claim is on behalf of any such other entity.

I declare under penalty of perjury subject to 28 U.S.C. § 1746 that all of the information provided within this Claims Form and its attachments are true and correct to the best of my knowledge, information, and belief.

Authorized Representative's Signature:	
Authorized Representative's Printed Name:	

Executed this _____day of _____ at _____(County), _____ (State).

DOCUMENTATION REQUIREMENTS

Please submit **ALL** documentation reflecting the information provided above including the following:
1. Lab-issued documentation demonstrating historical maximum detections of PFOA, PFOS, and other PFAS analyte (including chain of custody document)